# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	ion 2023	C0179			Report Filed B		CANDI	DATE	<	СС	OMMITTEE		LOBE	BYIST	
	Committee, Candid	ate or Lo	obbyist:			-	ATRICK A	LLEN							
Street Address:															
City:							State:				Zip Cod	<b>e:</b> 15	212		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-		30 DA PRIM		POST- 3. <b>X</b> AMENDMENT Yes						No	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE			0 DAY POST- 6. TE ELECTION RE					TION	Yes	No	$\checkmark$
report type)	ANNUAL REPORT	7.	<b>Year</b> 2023				ILING METHOD P ( ) CHECK ONE						$\checkmark$	DISKE	TTE
Name of Office S	Name of Office Sought by Candidate: DATE OF ELECTION									District Number	Office Code	Par	ty Code	County Code	
	COURT OF COMM		A.C.				мо	DAY	YEA	R	5	СРЈ	DEN	1	
JUDGE OF THE	COURT OF COMM		45				11		7	2023	]	(SEE INS	TRUCTIO	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEA	R	FOI		E USE	ONLY	
Expenditures	s from:		5 2	20	023 <b>T</b>	0	6		5	2023					
A. Amount Bro	ught Forward From	n Last R	eport			\$				0.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Schee	dule I)	\$				0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				0.00					
D. Total Expen	ditures (From Sch	edule II	I)			\$				0.00					
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		\$				0.00					
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedul	le II)	\$				0.00					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')		\$ 0.00									
				AFF	IDAVI	Γ SE	CTION								
	s a Committee rep	•	-					• •			-				6
I swear (or affirm correct and compl	) that this report, incl ete.	luding the	attached sc	hedules	filed on	paper	or by elect	ronic m	edium, a	are to	the best of	my know	vledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	5	20						Sig	natur	e of Person	Submitt	ing Rep	ort	
	Signatu	re				_					Printe	ed Name			
My Commission E	xpires					_					Email				
	мо	DA	AY	YR				Ar	ea Code		Daytime	e Telepho	one Nu	mber	
I swear (or affirm)	a report of a cand that to the best of n				•					provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
No 320) as amendo Sworn to and subso	ed. cribed before me this														
	day of		20					_		S	ignature of	Candida	ite		
			_			-					Printed	l Name			
My Commission Exp	Signature pires										Email				
	мо	D/	AY	YR				Area	Code		Da	ytime Te	elephon	e Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** SWEENEY, PATRICK ALLEN From: <u>5/2/2023</u> **To:** <u>6/5/2023</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# PART A

# **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candid	Name of Filing Committee or Candidate			orting I	Period			
F				From: To:				
					DATE			AMOUNT
Full Name of Contributing Committee					DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

\$

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)										
Name of Filing Committee or Candidat	e		Rep	orting P	eriod					
			Fro	m:		Τα	):			
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)								
PAGE TOTAL										
Enter Grand Total of Part A on S	PAGE TOTAL         Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.       \$ 0.00									

# PART C Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candid	ate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led Summary Pa	age, Sectio	n 3.			\$	0.00

### PART D ALL OTHER CONTRIBUTIONS

### OVER \$250.00

### Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

### PART E **OTHER RECEIPTS**

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.** Use this Part to report refunds received, interest earned, returned checks and

### prior expenditures that were returned to the filer.

Name of Filing Committee or	Candidate		Report	ting Perio	od				
			From: To:						
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description					1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
		i Suillilai y Page,	Section				\$		0.00

## SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

### USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period		
SWEENEY, PATRICK ALLEN	From:	<u>5/2/2023</u> то:	<u>6/5/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

### SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period					
			From:			То:		
				DATE		АМС	DUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detaile Section 2.				mary Pag	je,	PAGE	TOTAL	
					4	5	0.00	

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupat	tion	•		
Employer Mailing Address/Principal Place of City State			State		Zip 4)	Code(Plus	Descri	ption of	f Contribution	

Enter Grand Total of Part G on Schedule	II, In-Kind Co	ntributions Det	ailed	PAGE TOTAL
Summary Page, Section 3.				0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
						То:		
				DATE				
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	City State Zip Code (Plus 4)			otion of Ex	penditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
	Ji Page 1, Report C	over Page, Item I				\$	0.00	